

Evaluation of Palmerston Association
Yarning and Parenting Program for
parents and children experiencing drug
and alcohol problems

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Researchers

- Kate Frances –PhD (Sociology) in the sociology of childhood, focused on child protection in WA. Research Fellow in PEI&I. Research and evaluation including: analysis of Aboriginal child deaths; *Yarning and Parenting program* in Great Southern; FASD in early learning & care, and health settings
- Sherry Saggars – PhD (Anthropology), Project Leader, Prevention, Early Intervention & Inequality, NDRI, Curtin University. 30+ years applied social research with Indigenous & non-Indigenous communities across Australia

Methodology

- The evaluation aimed to inform the development of the program as an alcohol and other drugs intervention working with families with young children
- The terms of reference included (amongst others)
 - An independent evaluation of the current service delivery model of the YAP program in the Mt Barker and Katanning regions as an alcohol and other drugs intervention strategy working with families
 - An assessment of the strengths of the program
 - Development of a framework for best practice around working with vulnerable mothers/carers and their children affected by AOD use

Methodology

- Framework for evaluation negotiated with Palmerston Association and included three main elements:
 - A desktop review of academic and ‘grey’ Australian and international literature relating to current and best practice mainstream AOD service delivery for Indigenous and non-Indigenous people
 - Face-to-face interviews with key YAP stakeholders, including YAP clients, staff and staff at other relevant services
 - Program information gleaned from documentary material
- The limitations of the qualitative element of the research was the small sample size and the unrepresentative nature of the sample
- Ethical clearance for the research was obtained from Curtin University Human Research Ethics Committee, and from the Government of Western Australia Department of Education and Training

Methodology

- Three site visits were made over a six month period, and included all-day observations of activities, interviews, & the gathering of documentary sources
- The program's objectives provided the framework of themes explored and included stakeholder views and experiences on:
 - Alternative pathways for substance users through harm prevention and reduction strategies
 - Case management, treatment and support services
 - The identification and addressing of gaps in services related to early intervention and support
 - Increasing clients' awareness and encouraging use of other support services; inviting other support services to attend group activities

Evidence of best-practice of services and supports for vulnerable families affected by AOD use

- An extensive review of the literature on best practice of services and support of marginalised and vulnerable parents and their children affected by AOD use highlighted the scarcity of literature in this area
- This review was then broadened to include a review of literature relating to best practice family-focused, other mainstream service delivery for marginalised and vulnerable people

Evidence of best-practice of services and supports for vulnerable families affected by AOD use

- Problematic drug use is commonly regarded as being incompatible with effective parenting, and the stigma often associated with AOD use is even greater for mothers. For the children raised in families with AOD misuse there is a high potential for poor developmental outcomes (Barnard, 2005; Dawe et al., 2006)
- AOD services working within the traditional treatment paradigm of focusing on drug and alcohol use and the user to the exclusion of the wider social context equate to losses for the clients now and for their children both now and in the future (Dawe et al., 2006; Trifonoff et al., 2010)

Evidence of best-practice of services and supports for vulnerable families affected by AOD use

- The two key issues that emerged from the literature search included:
 - Process issues – e.g., collaborative working alliances and case management – are as important as program content
 - An increasing recognition and call for AOD services to incorporate child and family focused, or ‘family sensitive practice’ into their service delivery (Dawe et al., 2006, 2008; Trifonoff, 2010)

Evidence of best-practice of services and supports for vulnerable families affected by AOD use

- There are few studies that have evaluated parenting programs that target AOD using parents, as well as limited evidence regarding the extent and effectiveness of treatment and intervention approaches to AOD use among Indigenous people (DoHA, 2007; Gray et al., 2000; Teasdale, 2008)
- Of the few interventions that have been evaluated the following have been noted as promising:
 - Home visiting programs
 - Intensive interventions
 - Early intervention to prevent pregnancy in vulnerable women
- It is reported that the more effective intervention programs are:
 - Ecologically-based
 - Target multiple levels of family functioning
 - And/or operate with an ‘empowerment of families’ practice philosophy. The potential to benefit both family and child development were important features of the programs (Dawe et al., 2008; Toumbourou et al., 2003)

Evidence of best-practice of services and supports for vulnerable families affected by AOD use

- There are significant challenges in engaging families and children who are most vulnerable in support programs. The primary factors which have been identified as preconditions for services successfully engaging these population groups include:
 - The quality of relationship between the parent and service provider
 - The establishment of shared decision making
 - Cultural awareness and sensitivity
 - Non-stigmatising interventions and settings
 - Minimising the practical and structural barriers to accessing services
 - Providing crisis help prior to other intervention aims (Barnes, 2003)
- Secondary factors include:
 - Provision of assertive outreach
 - Establishment of strong reciprocal links with other relevant services (Carbone et al., 2004; Soriano et al., 2008)

Evidence of best-practice of services and supports for vulnerable families affected by AOD use

- Mainstream AOD service delivery for Indigenous clients
 - Case studies have been published on Indigenous specific AOD treatment services judged to be good practice models, but very few published data are available on the acceptability and appropriateness of mainstream AOD services for Indigenous people
 - Access by Indigenous people to the appropriate range of health and wellbeing services is affected by ‘discrimination, stigma and disadvantage particularly for problems such as injecting use and inhalants’ and for those incarcerated (Ministerial Council on Drug Strategy, 2004a, p. 5)
 - It is also well recognised that Indigenous people face complex circumstances related to financial, cultural and social barriers to accessing mainstream services (Gray et al., 2004)

Evidence of best-practice of services and supports for vulnerable families affected by AOD use

- In order to reduce some of these barriers to accessing services for Indigenous clients, it is recommended that:
 - Mainstream workers need to understand the needs of Aboriginal and Torres Strait Islander people
 - Aboriginal and Torres Strait Islander workers need to be able to provide the necessary primary care
 - Intervention needs to take account of cultural, spiritual, language and traditional aspects of the community
 - People need to be aware of the range of services that are available and how to access them
 - A service offered to Aboriginal peoples needs to be culturally secure (Ministerial Council on Drug Strategy, 2004a, pp. 1-7)

Evidence of best-practice of services and supports for vulnerable families affected by AOD use

- AOD policy issues: where are the children?
 - There are a number of state and national policy documents that support the development of a parental drug misuse framework which accounts for the impact of AOD use on children
 - In WA, *The Policy Framework for Reducing the Impact of Parental Drug and Alcohol Use on Pregnancy, Newborns and Infants* (2008)
 - *The Western Australian Drug and Alcohol Strategy 2005-2009* (DAO, 2005)
 - The Australian Government's *Protecting children is everyone's business: National framework for protecting Australia's children 2009-2020* (COAG, 2009)
 - The National Drug Strategy *Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2009* (Ministerial Council on Drug Strategy, 2004a) recommends that programs:
 - Collaboratively implement programs to support development of parenting and life skills programs for children and young people (p. 15)
 - Improve care and protection of children (p. 25)

Evidence of best-practice of services and supports for vulnerable families affected by AOD use

- Although the AOD field has made significant changes in the way it responds to families affected by AOD use, there is still a major challenge ahead: that of routinely implementing family approaches into service provision (Copello et al., 2005; Dawe et al., 2006).
- Good practice principles for funding bodies and/or organisations include:
 - Regarding as core business the needs of children of those who have substance use problems and providing organisational support for such work to take place
 - Treatment models that address many aspects of families' lives, and that are responsive to the needs of families to ensure treatment engagement
 - Interagency practice guidelines that facilitate staff across different agencies working together in a safe, ethical and helpful way (Dawe et al., 2006, p. xii)

Background to the YAP program

- The YAP program provides practical support and counselling for young Indigenous and non-Indigenous mothers/carers and their children experiencing AOD problems, either themselves or in their families
- In addition to their AOD problems, the client group may also be experiencing domestic violence, poverty, child welfare issues and mental health issues
- The majority of YAP clients are young Indigenous women and their children
- Both adults and children are considered clients of the program

Background to the YAP program

- The program operates out of two venues, Mt Barker and Katanning. There are continuities and differences across the two sites. In terms of continuities, both locations offer:
 - A one-day, 4/5 hour women's group/playgroup for mothers/carers and their children
 - One-on-one counselling (delivered either in the venue or in the mother's home)
 - Support for clients in accessing other support services
 - Health interventions
 - BBV/STI testing and education
 - Outreach/home visits
 - The population health nurse attends group sessions alternate weeks for screening and/or carries out home visits
 - Guest speakers are invited to both venues to give information sessions on a range of topics

Background to the YAP program

- Other continuities include:
 - Nutritional mid-morning snacks and freshly made lunches
 - Tea and coffee available at all times
 - Clients' art and craft work decorating the walls
 - Children's toys, books and art and craft materials available
 - Child-sized tables and chairs
 - Large play equipment

Mount Barker

- Aspects of the Mt Barker program which distinguish it from Katanning (at the time of the research):
 - Integration of a family/group approach with an early intervention child-centred component
 - Strong and regular attendance at the venue by other service providers including Allied and Child Health

Mount Barker

- The early intervention child-centred component is characterised by:
 - The successful partnership between YAP and Wanslea Family Services
 - an experienced child-care professional targeting child development and parenting
 - works with the YAP team and clients three days per week, including: each YAP session; outreach visits one day per week; and an additional day planning activities/team meetings. She also holds cooking classes for YAP clients outside of the YAP sessions
 - child activities and child-focused resources are provided through Wanslea Family Services

YAP project objectives and their achievement: Evaluation findings

- We aimed to canvass a range of stakeholder perspectives of the strengths and limitations of the YAP program service delivery model in the interview process. Ultimately, we interviewed:
 - 9 program workers
 - 8 YAP clients
 - 12 representatives from other agencies

YAP project objectives and their achievement: Evaluation findings

- The evaluation findings highlight that YAP's current program model and delivery is congruent with many best practice principles as reported in the literature due, in particular, to a combination of the multiple levels of prevention, child-focused early identification and intervention and the various types of support that is provided overall

YAP project objectives and their achievement: Evaluation findings

To identify and address gaps in services related to early intervention and support for young AOD using parents, children and families

- The majority of mothers we spoke with recognised that the program is providing an important opportunity that was characterised as being unavailable or inaccessible elsewhere
 - For some this related to transport
 - X picks me up; I couldn't come otherwise (client)*
 - There's nothing where I live ... couldn't come here if I didn't get picked up (client)*
 - Transport really good, it really helps (client)*

YAP project objectives and their achievement: Evaluation findings

- For others, it was a question of ‘one stop shopping’ and the holistic nature of the service delivery:

Workers really helpful. There are different people coming in – agencies. Speech therapist and OT. For the first time I’ve had confirmation from the speech therapist that x is probably autistic mildly. I feel relieved to have a diagnosis. It’s good they come here. There’s nothing where I live (client)

Helped my kids, my boy got help with his anger. X spoke to him ... helped in learning, toy-time, story-time. I brought all my kids here. It good it’s all here (client)

I didn’t want to come to YAP but x encouraged me. Now I’ve Wanslea who’ve helped heaps with kids.. StrongFamilies – I’ve got Centrelink, Homeswest, Family Violence .. now I’ve got kids and YAP. Before I had nothing, now something really good. I’m starting a TAFE course in Cert II, Business. X has helped with that. When I finish I want to teach Aboriginal kids to do homework .. I also want to be an advocate for mums here at YAP (client)

YAP project objectives and their achievement: Evaluation findings

- External stakeholders described YAP service provision as:
 - *Child-centred, family focused*
 - *A targeted child development/parenting program*
 - *An early intervention with children*

Others referred to YAP as a 'playgroup' and as having a 'child care expert'

- YAP was also attributed to contributing to the school readiness of two children in particular – referred to as 'great' – compared to some other children of the same age. The early intervention of the speech pathologist was noted as one of the obvious benefits derived from their attendance at YAP
- Another stakeholder said that:
 - *Preparing children attending YAP for school was really good ... exposure to books, fruit, taking instructions, sitting and looking at books (stakeholder)*

YAP project objectives and their achievement: Evaluation findings

Other comments around the early intervention component included:

- *Some mothers are comfortable enough to ask about specific parenting/child development issues which can be the basis for more intensive support*
- *Early intervention is not happening here in Albany ... those kids (YAP Mt Barker) would be invisible here. YAP provides visibility from child health and development to child protection*
- *The program [needs] to continue to focus on doing the things for children that are making a difference, and they're doing that really well*
- *There is an element of shame in some mothers attending mainstream child development services. Coming here (to the clinic) it's like they're not being good parents and that's one of the difficulties in providing supports from here. Being able to access us through YAP has enabled a softer entry into our services*
- *Any woman client with children coming to my attention ... I will automatically refer them to YAP for the overall support I know is provided by YAP staff*

YAP project objectives and their achievement: Evaluation findings

YAP staff also talked of the ongoing process of attempting to fill the gaps in early intervention and support for both the mothers and the children and cited, in particular, gaps in:

- Child health
- Early education
- All child development services
- Early intervention, including mental health and associated AOD misuse
- Department for Child Protection Intake Team
- One example of effective early intervention and supports is that made possible through:
 - *The strong relationship between Wanslea and YAP in Mt Barker. The clients' multiple needs are being addressed through the program and the outreach/home visit component (staff)*
 - *Individual children's developmental milestones ranging from toilet training, speech and hearing delays/impairments are being identified and responded to as quickly as possible either at the weekly group session or through the outreach visits (staff)*